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ABSTRACT

Described are the general procedures and features of the Frank Porter Graham Center's program to prevent retardation by supplementing the lives of poverty level children beginning within 3 months of birth. The goals of the program are noted to include understanding more about the effects of one particular strategy (daycare) on basic biological, psychological, and social development mechanism and processes. It is noted that children identified by the High-Risk Index have been assigned to two treatment groups: the experimental group attending the daycare center; and the control group which has been provided with medical care, family support social work services, and unlimited supplies of fortified formula to ameliorate some factors which might account for group differences across time independent of the educational program. Reported among program results is that the intervention program has significantly influenced the intellectual development of high-risk children. (SBH)

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Program Characteristics of the Carolina Abecedarian Project

Symposium Presented at the Biennial Meeting
of the Society for Research in Child Development
New Orleans, March, 1977

Introduction

Craig T. Ramey, Chairperson

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Introduction
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The problem area which we want to discuss with you today concerns the fact that children of poverty are disproportionately represented among the non-organically damaged children who are labeled as functionally retarded in this country. Whereas children who are organically damaged in ways that result in mental retardation are found in all socioeconomic strata, it is the poor of this country who most frequently contribute a functionally retarded child to our society. The progressive decline in intellectual and adaptive behavior in these children has been attributed to environmental deprivation or to environmental deprivation in interaction with genotypes for low levels of functioning. Children who live in extremely depriving circumstances, demographically defined, are frequently referred to as ones who are at high-risk for retardation.

One approach to reducing the impact of poverty stricken environments on academic and social achievement in this country has been to supplement the lives of children of poverty and their families with educational experiences aimed at developing greater social competencies.

Project Headstart attempted this on a national level by intensive remedial efforts begun shortly before high-risk children entered public school. The herculean efforts of many of the professionals in this audience did succeed. They succeeded in increasing the performance levels of selected children who entered Headstart and similar preschool programs. Frequently, however, the obtained levels of achievement were not as high as had been hoped nor were the initial gains maintained after intervention ceased for as long as had been desired.

The reaction of the staff at the Frank Porter Graham Center to these early findings was to contruct a program designed <u>to prevent</u> retardation by supplementing

the lives of poverty level children beginning within three months of birth.

The goals of our intervention efforts are (1) to identify children at high-risk for retardation and to determine if a daycare based program can be used to prevent that retardation within very poor families in this country and (2) to understand more about the effects of one particular strategy (i.e., day-care) on basic biological, psychological and social development mechanisms and processes.

To achieve these goals we obtain data from children and families from a variety of domains primarily the disciplines of psychology, medicine, and education and social work. Today we would like to share with you some of our findings from the domains of intelligence, language and social behavior of children and other family members.

Our intervention program uses a daycare setting staffed by professional and paraprofessional teachers in which individually prescribed curriculum activities are used to support normal growth and development. The child/teacher ratios are those set by the Federal Interagency Guidelines and average about 4 to 1 for the first 3 years of life. Both the curriculum rationale and the curriculum content as well as other features of our daycare program have been described in previous papers and publications and time today does not permit even a cursory explanation of them. Descriptions of these practices and procedures are available from us and, it should be noted, Dr. Joseph Sparling of our staff is currently preparing the curriculum materials for commercial disseminations in a variety of media.

I would like to describe for you (in telegraphic form) the general procedures and programmatic features of our operation.

1. Identification of sample families

To identify families at high risk for producing a child who will become labeled as functionally retarded we devised the High-Risk Index shown in Table 1. This index was designed to assess demographic and psychological factors which we, five years ago, thought to be especially relevant to the prediction of

functional retardation and which could be assessed in a relatively short period of time. We invite you to examine this index at your leisure and to suggest the inclusion of other factors based upon your experience.

To date over 100 children who were biologically normal at birth have been identified using this index and their families have been included into a pool of subjects knowing that they would be randomly assigned to one of two treatment conditions. Over 95% of eligible families have agreed to this condition. The sample attrition to date has been relatively low with less than 5% of the sample not now actively involved. The majority of the attrition is due to the deaths of these infants in the first year of life.

Today we want to summarize the data on the first 57 children all of who are now at least three years of age. Background characteristics of these children and their families are contained in Table 2. An inspection of Table 2 will reveal that the families are extremely poor (the income figure represents earned cash income from employment); they are undereducated for contemporary society, and the mothers tend to have relatively low levels of intelligence as assessed by a WAIS. Further, the families as a group tend to score very high on the High-Risk Index.

2. Program Content

One major difference between the experimental and the control groups, we think, is that the experimental group attends our daycare center for approximately 8 hours per day, five days a week, 50 weeks of a year. Parents may attend the center at any time, and are encouraged to do so, but they are not employed as teachers. A parents' advisory group functions sporadically but most of the contact with the parents is on an individualized basis.

In an attempt to ameliorate some obvious factors which might account for group differences across time independent of the educational program and to gather meaningful ecological data simultaneously, both groups of children and families have available to them medical care and family support social work

services. Because quality of nutrition, particularly in the first year of life has been linked to brain development and because the daycare children receive nutritionally balanced meals at the Center, we provide unlimited supplies of fortified formula to the control children for the first 15 months of life. The major components of the program are summarized in Table 3.

In the series of papers to be presented today we would like to describe for you some of our findings in the domains of intelligence, language, and social behavior.

Summary of Symposium Papers

We have presented to you a sampling of our results to date. The major points that we have tried to make include the following:

1. The standardized test results show that the intervention program has significantly influenced the intellectual development of high-risk children. Specifically, the disadvantaged children in the experimental group have maintained normal intellectual development from 6 to 36 months of age, but the control children have declined significantly.

2. Language factors may be particularly important in accounting for that decline.

3. The most consistent finding in the results from the experimental language tasks is that the performance of an upper middle class group exceeds that of the experimental group which, in turn, exceeds that of the control group. These results suggest that systematic daycare has facilitated the language development of high-risk children.

4. We have found no differences in peer behaviors between high-risk children attending daycare and more advantaged children from the general population. Experimental group children in the intervention program did show an enhanced tendency to explore a novel social environment as reflected by proximity and interaction behaviors with an unfamiliar adult.

5. Daycare intervention alters the relationship between maternal variables

and child status. Maternal variables are highly predictive of status for an untreated group of poverty children. Given the altered relationship between maternal variables and child status for treated and untreated poverty children, different maternal attributes appear to be important for the two groups.

Daycare apparently has not negatively affected the mother-child interaction patterns and where there is any effect of groups the experimental group appears to schore in a more socially desirable direction.